Outside City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08980 **CERTIFICATE OF DEATH** Reg. Dist. No. 08922 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) LaVale
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16. Lavale Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) LaVale
STREET ADDRESS (If rural give location) 16. Lavale Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) C. (Last) Ackerson

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 16 1873

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home Maker

11. BIRTHPLACE (State or foreign country): Rockland Lake New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Hyer

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Otto R. Schierenbeck LaVale Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) DUE TO Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Art. hypertension, coronary sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Oct. 4, 1954, that I last saw the deceased alive on Sept. 30, 1954, and that death occurred at 2:45 A M, from the causes and on the date stated above.

SIGNATURE Elizabeth Bruno M. D. ADDRESS 55 Greene St. DATE SIGNED 10/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 7 1954 — NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park — LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 7, 1954 — REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
OCT 13 1954
BUREAU V. S.

08971

08923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Miners Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) (Last) Anderson

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 25-1921

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Groceries & beer

11. BIRTHPLACE (State or foreign country): Zihlman, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Anderson

14. MOTHER'S MAIDEN NAME: Myra Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY NO.: 218-12-5390

17. INFORMANT & ADDRESS: (wife) Thelma B. Anderson, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Asphyxiation	about 45 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Pulmonary hemorrhage (massive)	
	DUE TO (c)	Pulmonary T.B. (bilateral)	about 1 or 2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Oct 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 10-22-54 NAME OF CEMETERY OR CREMATORY Frostburg Memorial Pk LOCATION (City, town, or county) Frostburg (State) Md

DATE REC'D BY LOCAL REG. 10-22-54 REGISTRAR'S SIGNATURE Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR Jacob Hafer ADDRESS 23 E. Allein Frostburg Md

RECEIVED
OCT 27 1954
BUREAU V. S.

Within corporate limits

DURRETT

05917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08924

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 4 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVE.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 301 GRAND AVE.,

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) APPLE

4. DATE OF DEATH: (Month) OCT. (Day) 20 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: ~~XXX~~ FEB. 11, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Pearre, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE W. APPLE

14. MOTHER'S MAIDEN NAME: HARRIETT ASHKETTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-07-8662

17. INFORMANT & ADDRESS: Agnes R. Apple 301 Grand Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X

IMMEDIATE CAUSE (A) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to Oct 20, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE Clark Durrett M.D. ADDRESS Cumberland DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-23-54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 22, 1954 — REGISTRAR'S SIGNATURE Wilbur R. Lantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08925

03918

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) One Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306. Decatur Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 306. Decatur Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Bennett

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: September 13 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Artemas, Bedford Co, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bennett

14. MOTHER'S MAIDEN NAME: Jemima Leasure

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 191-26-6996

17. INFORMANT & ADDRESS: Mrs. Ruth Leasure, Cumberland Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Chronic myocarditis — 1 year
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1954 to Oct 31, 1954, that I last saw the deceased alive on Oct 31, 1954 and that death occurred at 1230 PM, from the causes and on the date stated above.

SIGNATURE R. W. Trevaskis, Jr M. D. ADDRESS Cumberland, Md DATE SIGNED 11/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov 3 1954
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Artemas, Bedford Co Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 2, 1954
REGISTRAR'S SIGNATURE Walter K. Trautz, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 8 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08326

08919

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 316 Paca St.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Ruth (Last) Brown

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: Feb. 10, 1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid,
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Ringold, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Nimrod Mellott
14. MOTHER'S MAIDEN NAME: Charlotte Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-16-4333
17. INFORMANT & ADDRESS: Mrs. Doris Kinick (Daughter) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — from
ANTECEDENT CAUSE (B) DUE TO Hypertensive C.V. Disease — years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954, to Oct 12, 1954 that I last saw the deceased alive on October 5, 1954, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE C M Schindler M.D. ADDRESS M.D. 4 Emerald Cumberland, Md. DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/15/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1954
REGISTRAR'S SIGNATURE Hunter A. Dantz, Md.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 20 1954
BUREAU V. S.

DR. W.F.WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08927

08920 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE W.VA. COUNTY Mineral
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PIEDMONT
STREET ADDRESS (If rural give location) 75 W. HARRISON STREET

3. NAME OF DECEASED: (Type or Print) (First) MADELYN (Middle) Ursula (Last) CAMPBELL

4. DATE OF DEATH: (Month) OCT. (Day) 4 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8 DATE OF BIRTH: APRIL 30, 1908
9. AGE last birthday 46 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): ~~MARYLAND~~ Beryl, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES DONNELLY
14. MOTHER'S MAIDEN NAME: [redacted]S Agnes Fitzwilliam

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41

IMMEDIATE CAUSE (A) Chronic Rheumatic

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Heart Disease DUE TO ?

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-, 19 54 to 10-4-, 19 54 that I last saw the deceased alive on 10-3-, 19 54, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE W. F. Williams M D ADDRESS Cumberland DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 7, 1954
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 4, 1954
REGISTRAR'S SIGNATURE Walter R. Frank, M.D.
24. FUNERAL DIRECTOR E. N. Boal
ADDRESS "

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1954
BUREAU V. L.

Within corporate limits

DR. R.J.WILLIAMS

08931

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09948

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 137 POLK STREET

3. NAME OF DECEASED: (Type or Print) (First) DOMINICK (Middle) J. (Last) CIMMINO

4. DATE OF DEATH: (Month) OCT. (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH. JUNE 9 1909

9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): PENNA, Pittsburgh

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FREDERICK CIMMINO

14. MOTHER'S MAIDEN NAME: CHRISTINE DEMARTINO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 209-07-2806

17. INFORMANT & ADDRESS: Mary J.Cimmino I37 Polk St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSE (S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28/54, 19 ..., to 10/30/54, 19 ..., that I last saw the deceased alive on 10/30/54, 19 ..., and that death occurred at 1/25 M, from the causes and on the date stated above.

SIGNATURE R.J.Williams M.D. ADDRESS Cumberland Md. DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF II-3- 54 | NAME OF CEMETERY OR CREMATORY St Mary's Cem. | LOCATION (City, town, or county) Cumberland,Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 2, 1954 | REGISTRAR'S SIGNATURE Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits: Dr. Ballin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08928

08922

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 438 Goethe Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) S. (Last) Claar

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: January 25, 1886

9. AGE last birthday: 68 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Bedford, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Claar

14. MOTHER'S MAIDEN NAME: Mary Catharine [illegible]ellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 175-18-9677

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 14 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-, 1953, to 10-28-, 1954, that I last saw the deceased alive on 10-28-, 1954, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE Roger W. Baccus — M. D. — ADDRESS 62 Greene St. Cumberland Md — DATE SIGNED 10-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 31, 1954 — NAME OF CEMETERY OR CREMATORY Friedens Cemetery — LOCATION (City, town, or county) (State) Friedens, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1954 — REGISTRAR'S SIGNATURE Winter R. Frantz M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. — ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08981 **CERTIFICATE OF DEATH** 08929

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brant Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown,
STREET ADDRESS (If rural give location) Brant Road

3. NAME OF DECEASED: (First) JUANITA (Middle) S. (Last) CLAYTON

4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 2, 1913

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator on Twisting

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Cresaptown, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Clyde Lease

14. MOTHER'S MAIDEN NAME: Bertha Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. 217-10-5677

17. INFORMANT & ADDRESS: Mr. Gerald W. Clayton Box 2, Cresaptown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Cancer of the breast — INTERVAL BETWEEN ONSET AND DEATH: 1½ years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-7-53

19B. MAJOR FINDINGS OF OPERATION: advanced cancer of right breast

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-, 1953 to 10-8-, 1954, that I last saw the deceased alive on 10-6-, 1954, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 57 Greene St. DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 10/10/54 — NAME OF CEMETERY OR CREMATORY Mount Nebo Memorial Burial Park — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 10, 1954 — REGISTRAR'S SIGNATURE Walter R. Krantz M.D.

24. FUNERAL DIRECTOR Clyde I. [illegible] Cumberland, Md. — ADDRESS

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08931

08933 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; MARYLAND LENGTH OF STAY (in this place) 26 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.; STREET ADDRESS (If rural give location) 313 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) C. (Last) Clifford Sr.

4. DATE OF DEATH (Month) (Day) (Year) 10 - 12 - 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 15, 1896

9. AGE last birthday: 58 yrs; IF UNDER 1 YEAR, Months, Days; IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10B. KIND OF BUSINESS OR INDUSTRY: Tire Plant

11. BIRTHPLACE (State or foreign country): Mt. Morris, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Clifford

14. MOTHER'S MAIDEN NAME: Clara Coss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-1889

17. INFORMANT & ADDRESS. Imogene Watson R.D#1 Butler, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSE (B) DUE TO (B) Chronic Myocarditis — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Oct. 10, 1954 that I last saw the deceased alive on Oct. 9, 1954 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Clark E. Surratt M. D. ADDRESS Cumberland DATE SIGNED 10/13/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-14-54 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1954 | REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08931

DR. REITER 08924 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOOREFIELD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ROBERT (Last) COPPE

4. DATE OF DEATH. (Month) OCTOBER (Day) 16, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: OCT. 12, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PETERSBURG, W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HAYWARD DALTON COPPE

14. MOTHER'S MAIDEN NAME: HELEN LOUISE SHERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congenital Heart Disease - Common Truncus arteriosus and Interventricular septal defect. — From conception

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1954, to Oct. 16, 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 5:10A M, from the causes and on the date stated above.

SIGNATURE Ralph a. Reiter M. D. ADDRESS 112 Bedford St. DATE SIGNED 10/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 17, 1954 | NAME OF CEMETERY OR CREMATORY Morefield W. Va. | LOCATION (City, town, or county) (State) Morefield W. Va.

DATE REC'D BY LOCAL REGISTRAR Oct. 17, 1954 | REGISTRAR'S SIGNATURE Hunter R Brandt M.D. | 24. FUNERAL DIRECTOR Louis Steri Inc. | ADDRESS Cumb. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08972 **CERTIFICATE OF DEATH** Reg. Dist. No. 08938 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 261 Welsh Hill

3. NAME OF DECEASED: (Type or Print) (First) WENDLING (Middle) FRANCIS (Last) DAVIES

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-19-1904 | 9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas station attendant | 10B. KIND OF BUSINESS OR INDUSTRY: St. Cloud Garage | 11. BIRTHPLACE (State or foreign country): Frostburg, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Davies

14. MOTHER'S MAIDEN NAME: Elizabeth Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-01-3697

17. INFORMANT & ADDRESS: Mrs. Mary Davies, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4: IMMEDIATE CAUSE (A) Coronary Artery Heart Disease c Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSE (B) DUE TO Pericarditis — 1953

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: NONE | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953 to 10/22 1954, that I last saw the deceased alive on 10/22 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Martin Goldstein M.D. M.D. ADDRESS 48 Broadway, Frostburg, Md. DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-25-54 | NAME OF CEMETERY OR CREMATORY Fbg. Memorial Park | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst | ADDRESS Frostburg, Md.

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08933

08973 **CERTIFICATE OF DEATH** Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) Mt. Pleasant St.

3. NAME OF DECEASED. (Type or Print) First: KATHERINE (Middle) (Last): DAY

4. DATE OF DEATH. (Month) Oct. (Day) 18, (Year) 19 54

5. SEX: female | 6. COLOR OR RACE: white | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: 3-26-1884 | 9 AGE last birthday 70 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): clerk

10B KIND OF BUSINESS OR INDUSTRY: dept. store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James R. Day

14. MOTHER'S MAIDEN NAME: Elizabeth Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-9711

17. INFORMANT & ADDRESS: Charles Day, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Day

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Stomach — ??

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954 to Oct 18, 1954 that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 1:10P M, from the causes and on the date stated above.

SIGNATURE W O McLane M.D ADDRESS Frostburg Md DATE SIGNED Oct 20 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 10-21-1954 | NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 10-21-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. R. J. WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08935

CERTIFICATE OF DEATH

08934

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 99 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 532 N. CENTRE ST.

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) EMMA (Last) DICK

4. DATE OF DEATH: (Month) OCT. (Day) 24 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: DEC. 25, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB WEISENMILLER

14 MOTHER'S MAIDEN NAME: ELEANOR YUPPA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mr. Paul C. Weisenmiller 532 N. Centre St., Cumb. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 mo 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) " " — 72 hrs

DUE TO

(C) Hypertension & Arteriosclerosis —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION. 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17/54, 19 , to 10/24/54, 19 , that I last saw the deceased alive on 10/24/54, 19 , and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE M. D ADDRESS Cumberland DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/27/54 | NAME OF CEMETERY OR CREMATORY St. Thomas Episcopal | LOCATION (City, town, or county) (State) Cumb., Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1954 | REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **08935**

08926 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: II9 N. Allegany St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): II9 N. Allegany St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) R (Last) Dickey

4. DATE OF DEATH: (Month) October (Day) I7 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/I5/I877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. Milnor Roberts

14. MOTHER'S MAIDEN NAME: Betty Humbird

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Carl White II9 N. Allegany St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebrovascular Accident (Hemorrhage) — Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 10 years.
DUE TO (c) Cardiac Decompensation (Chronic) — 2 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma — 10 yrs +

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 44, to Oct 17, 19 54, that I last saw the deceased alive on Oct 15, 19 54, and that death occurred at 8 30 PM, from the causes and on the date stated above.

SIGNATURE: James Jordan — (Degree or title) M.D. — ADDRESS: 32 Pershing St. — DATE SIGNED: 10/19/54

23. BURIAL, CREMATION, REMOVAL Burial — DATE THEREOF: I0/20/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 20, 1954 — REGISTRAR'S SIGNATURE: Vinton R. Lantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Louis Stein, Inc. Cumberland, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08927

CERTIFICATE OF DEATH

08936

Reg. Dist. No. .. 4 ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 445 WILLOWBROOK ROAD

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (Last) DOMBROSKY

4. DATE OF DEATH: (Month) OCT. (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 30, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Screen Opr.

10B. KIND OF BUSINESS OR INDUSTRY: Potomac Edison Co.

11. BIRTHPLACE (State or foreign country) Scranton, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK DOMBROSKY

14. MOTHER'S MAIDEN NAME: MARY Catherine Gondek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-10-5959

17. INFORMANT & ADDRESS: Mrs. Johanna Dombrosky, Cumb., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1950

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..... , 1954, to Oct. 8 ... , 1954, that I last saw the deceased alive on Oct 8 ... , 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE John A Topper M. D. ADDRESS Hyndman Pa DATE SIGNED 10/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 12, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 12, 1954

REGISTRAR'S SIGNATURE Hunter R Brantz, M.D.

24 FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08937

08974 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eckhart
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PATRICK (Middle) F. (Last) DRUM

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1954

5 SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 12-22-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired.) retired grocerman
10B KIND OF BUSINESS OR INDUSTRY: own business (grocery store)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: James Drum
14. MOTHER'S MAIDEN NAME: Ellen Flannigan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-32-3382
17. INFORMANT & ADDRESS: Mrs. Mary Bollino, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 12 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Urinary Retention — 2 days
DUE TO
(C) Hypertrophied Prostate

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 2:40 P M, from the causes and on the date stated above.
SIGNATURE Wm Lane MD ADDRESS M O. Frostburg Md DATE SIGNED 10-27-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-29-54
NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 10-29-54
REGISTRAR'S SIGNATURE Dan Harvey N. Roe
24. FUNERAL DIRECTOR J. R. Durst,
ADDRESS Frostburg, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. BALLIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08928

08928 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND; LENGTH OF STAY (in this place) 3 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND; STREET ADDRESS (If rural give location) OLYMPIA HOTEL

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Thomas (Last) DU VALL

4. DATE OF DEATH: (Month) OCT. (Day) 26 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) DIVORCED

8. DATE OF BIRTH: SEPT. 24 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carman

10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE T. DU VALL

14. MOTHER'S MAIDEN NAME: SARAH MALLONEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-07-9767

17. INFORMANT & ADDRESS: Mrs. Homer Willison, Rt. 2, Cumberland Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-vascular failure — INTERVAL BETWEEN ONSET AND DEATH: about 4 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral vascular accident — 2 years ago

19A. DATE OF OPERATION. 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1954, to 10-26, 1954, that I last saw the deceased alive on 10-26, 1954, and that death occurred at 12:50 PM from the causes and on the date stated above.

SIGNATURE Reg L. Baccini M.D. ADDRESS M. D. 62 Greene Cumberland Md. DATE SIGNED 10-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 29, 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1954 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08939

08939

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—11-53

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
LENGTH OF STAY (in this place): 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. COUNTY: Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Buffalo Mills
STREET ADDRESS (If rural give location): ~~Buffalo Mills~~ Pa. RD# 1

3. NAME OF DECEASED (Type or Print): (First) ~~TIMOTHY ROY~~ Henry (Middle) Milton (Last) ELLIOTT

4. DATE OF DEATH: (Month) OCT. (Day) 25 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: OCT. 2, 1954
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days: 23 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: CHESTER ELLIOTT
14. MOTHER'S MAIDEN NAME: MARCELLE D. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) Erythroblastosis fostalis — INTERVAL BETWEEN ONSET AND DEATH: 24 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1954 to Oct. 25, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 1:36 AM, from the causes and on the date stated above.

SIGNATURE John A Topper M. D. ADDRESS Hyndman Pa DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-26-54
NAME OF CEMETERY OR CREMATORY: Lybarger Cemetery
LOCATION (City, town, or county) (State): Buffalo Mills, Pa.

DATE REC'D BY LOCAL REGISTRAR: Oct. 26, 1954
REGISTRAR'S SIGNATURE: Miles R. Lantz, M.D.

24. FUNERAL DIRECTOR: Harvey H. Zeigler ADDRESS: Hyndman, Pa.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08930 **CERTIFICATE OF DEATH** 08940

Reg. Dist. No. 4

M

1

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 7/14/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Gap Md.
STREET ADDRESS (If rural give location) ~~Spring Gap, Md.~~

3. NAME OF DECEASED: (Type or Print) (First) Zella (Middle) May (Last) Erickson

4. DATE OF DEATH (Month) (Day) (Year) October 17, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 7/9/1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Maryland Town creek

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William F. Huff

14. MOTHER'S MAIDEN NAME: Margaret Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Allegany County Infirmary records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Hypostasis — INTERVAL BETWEEN ONSET AND DEATH: 48hrs.

ANTECEDENT CAUSES (B) DUE TO Chronic Myocarditis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertension — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Arteriosclerosis — ?

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954 to Oct. 16, 1954, that I last saw the deceased alive on Oct. 16, 1954 and that death occurred at 11:59 M, from the causes and on the date stated above.

SIGNATURE James F. McLean M.D. M.D. ADDRESS 49 Greene St. DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-20-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 19 1954

REGISTRAR'S SIGNATURE Hunter R Deaver, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

08931

08941

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eagles Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 510 Decatur St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) P. (Last) Felton

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 17-1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Co. at the Cumberland Brewing

11. BIRTHPLACE (State or foreign country): Somerset Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Felton

14. MOTHER'S MAIDEN NAME: Susan Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.1

16. SOCIAL SECURITY NO.: 214-05-4735

17. INFORMANT & ADDRESS: (brother) Conrod Felton, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Oct. 4-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 6, 1954

NAME OF CEMETERY OR CREMATORY St. Peters and Paul

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Oct. 5, 1954

REGISTRAR'S SIGNATURE Walter K. Mantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc.

ADDRESS " "

VS. A15A - 5 - 53

W. F. WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08932

CERTIFICATE OF DEATH

Reg. Dist. No. 08942

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
STREET ADDRESS (If rural give location) 413 N. MECHANIC STREET

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) CLARISSA (Last) FLURSHUTZ

4. DATE OF DEATH: (Month) OCT. (Day) 11 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH. FEB 7 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MD. Hancock

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN B. RESLEY

14. MOTHER'S MAIDEN NAME: ISORA MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Sister, Md. Mr. Fred W. Flurshutz 413 N. Mechanic St.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331λ

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Oct 1.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Arteriosclerosis — Onset.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.1, 1954, to 10.11, 1954 that I last saw the deceased alive on 10.10., 1954, and that death occurred at 6:50P M. from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 10-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/14/54

NAME OF CEMETERY OR CREMATORY St. Lukes Cem.

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1954

REGISTRAR'S SIGNATURE Hunter A Beatty, Md

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08943

08933

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Maryland

LENGTH OF STAY (in this place): 43 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 702 Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.

STREET ADDRESS (If rural, give location): 702 Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) B. (Last) Ford

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 16, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Johnstown, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Kahoe

14. MOTHER'S MAIDEN NAME: Hannah Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Alverda Ford, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uraemia	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic myocarditis	5 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 54, to Oct. 24, 19 54, that I last saw the deceased alive on Oct. 20, 19 54 and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Clark E. Summit — V.A. Hosp. Cum. — 10/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-26-54 — NAME OF CEMETERY OR CREMATORY: Benshoff Hill Cem — LOCATION (City, town, or county) (State): Johnstown Pa.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: Oct. 25, 1954 Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

08944

08982

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (in this place) 57 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Bridge Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grace	Wilmer	Fulton	Oct. 23 .54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Nov. 18. 1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary,	General Textile Mills	Lonaconing	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Fulton	Annie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — No	216-05-5850	Mrs. Eleanor Flannigan (Sister)

18. MEDICAL CERTIFICATION — Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocardial Infarction	2d
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion	2d.
(c) Hypertensive Vascular Disease	6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Oct., 19 54 to 23 Oct., 19 54, that I last saw the deceased alive on 23 Oct., 19 54 and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jesse Richards MD Lonaconing, Md 10-23-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 25, 1954	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-25-54	Jeanette M. Good	George Eichhorn,	Lonaconing, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08945

08934

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Keyser Cumb. | LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural give location) Centre Street

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Anna (Last) Leota Gaugh.

4. DATE OF DEATH. (Month) 10 (Day) 2 (Year) 19 54

5. SEX. F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Apr. 2, 1882

9. AGE last birthday 72 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Braddock, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Gantzkey.

14. MOTHER'S MAIDEN NAME: Elizabeth Myers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Pts. Chart - daughter gave info. Mrs. Hayden Braddock

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Hypertensive Heart Disease — 5 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 19 54, to 10-2, 19 54, that I last saw the deceased alive on 10-2, 19 54, and that death occurred at 10:30 A M, from the causes and on the date stated above.

SIGNATURE Keiza C. Bacon, M.D. ADDRESS 62 S. Centre St Cumberland Md DATE SIGNED 10-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Oct 5 1954 | NAME OF CEMETERY OR CREMATORY: Nethken Hill Cemetery | LOCATION (City, town, or county) (State): Elk Garden, Mineral Co W.Va.

DATE REC'D BY LOCAL REGISTRAR: Oct. 4, 1954 | REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR: O.F. Sharpless, ADDRESS: Blaine, W. Va.

RECEIVED
OCT 1?
BUREAU V. S

08946

08975

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

Item 9, FilmG172 10-25-54 et

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 East Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 7 East Main St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Ghose

4. DATE OF DEATH: (Month) October (Day) 15th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: August 26, 1868

9. AGE last birthday: 86 871 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Frostburg Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Ghose

14. MOTHER'S MAIDEN NAME: Eliza Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Laura Ghose, 7 E. Main Frostburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic Cardio-Vascular Disease — 3 years.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO (2) Mild diabetes, (3) Gangrene left foot — 3 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-54, to 10-15-54 that I last saw the deceased alive on 10-13-54, and that death occurred at 4:30 P. M, from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M. D. ADDRESS Frostburg, Md. DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10-18-54; NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park; LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-18-54; REGISTRAR'S SIGNATURE Mrs. Nancy A. Poe

24. FUNERAL DIRECTOR Jacob Hafer; ADDRESS 23 E. Main, Frostburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

08935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08947

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 932 Gay St.

3. NAME OF DECEASED: (Type or Print) (First) Goldie (Middle) (Last) Hanks

4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	single	Feb. 13-1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Centerville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thompson Hanks

14. MOTHER'S MAIDEN NAME: Catherine Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	about 8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis & myocardial fibrosis also had	?
	(c) Edema of the brain (marked)	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerosis with hypertention — ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED: Oct. 14-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 18 1954	Bethel Cem.	Centerville Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 16, 1954	Walter R Beatty MD	Louis Stein Inc	Cumb. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08948

08983 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cre[illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 220 in Cresaptown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) Alan Route # [illegible]

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) MARY (Last) HAZELTON

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 19[illegible]

5. SEX: [illegible] 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] 8. DATE OF BIRTH: [illegible] 9. AGE last birthday 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: [illegible] 11. BIRTHPLACE (State or foreign country): [illegible], Md. 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lawrence L. Meister Celanese Corp. 14. MOTHER'S MAIDEN NAME: Elsie F. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mr. G. Rex Hazelton Cresaptown, M[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 170 X (A) Ca of right breast — 4 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) 126 X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 3 years

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13-53, to 10-6-54, that I last saw the deceased alive on 10-6-54, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Ruth L. Bacon, M.D. ADDRESS M.D. 62 Greene St. Cumberland Md. DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10/9/54 NAME OF CEMETERY OR CREMATORY [illegible] burial park LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR Oct. 8, 1954 REGISTRAR'S SIGNATURE Walter L. Beatty, M.D. 24. FUNERAL DIRECTOR Charles L. [illegible] ADDRESS [illegible], Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT
DURAND V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08984 **CERTIFICATE OF DEATH** Reg. Dist. No. 9 — 18949

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Route 1, Frostburg
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 1, Frostburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) D. (Last) Hendley

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 16 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Sept. 14th, 1918 | 9. AGE last birthday: 36 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): operator-textile dept.

10B. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Drew

14. MOTHER'S MAIDEN NAME: Mary Jane Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / If Yes, give war or dates of service:

16. SOCIAL SECURITY NO.: 214-07-3943

17. INFORMANT & ADDRESS: Noah Hendley, Route 1, Frostburg, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Colon with generalized — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (B) DUE TO: Abdominal Carcinomatosis — and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: intestinal obstruction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: March 19, 1954 ~~Sept 18, 1954~~

19B. MAJOR FINDINGS OF OPERATION: Generalized abdominal Carcinomatosis with intest Obstr

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 months 1954, to Oct 12, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 1 P.M. ~~Oct 15, 1954~~ Oct 16, 1954, from the causes and on the date stated above.

SIGNATURE: C M Faust Jr M. D. ADDRESS: Cumberland Md DATE SIGNED: Oct 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Oct. 18th, 54 | NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-18-54 | REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR ADDRESS: Joseph R. Durst, Frostburg, Md.

Outside of City limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08950

08985

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Cumberland, rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS "A" St. La Vale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Cumberland, rural
STREET ADDRESS (If rural give location) "A" St. La Vale

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) HIMMLER

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: May 18, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer-City Hall

10B. KIND OF BUSINESS OR INDUSTRY: City of Cumberland

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Himmler

14. MOTHER'S MAIDEN NAME: Mary McLuckie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Chas. R. Himmler, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7.., 19 54, to 10/22., 19 54, that I last saw the deceased alive on 8/29, 19 54, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Geo. N. Levy Jr. M. D. ADDRESS 458 N. Centre St. DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 25, 1954 | NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 24, 1954 | REGISTRAR'S SIGNATURE Walter R. Krantz, M. D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits. DR. W. F. WMS. 08936

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(18951)

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (In this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG,
STREET ADDRESS (If rural give location) STAR ROUTE

3. NAME OF DECEASED: (First) DANIEL (Middle) Joshua (Last) HUMMEL

4. DATE OF DEATH: (Month) OCT. (Day) 9 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: APRIL 24 1895

9. AGE last birthday 59 yrs

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL HUMMEL

14. MOTHER'S MAIDEN NAME: MARY TATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-10-1588

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Arteriosclerosis

(C) DUE TO Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cataract

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10. 7., 1954 to 10. 9., 1954, that I last saw the deceased alive on 10. 9., 1954 and that death occurred at 7:15 PM, from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 10. 9. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 12, 1954 — NAME OF CEMETERY OR CREMATORY Mt. Lyon Cemetery — LOCATION (City, town, or county) Garrett County, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 11, 1954 — REGISTRAR'S SIGNATURE Walter K. Frantz M.D. — 24. FUNERAL DIRECTOR J. R. Durst — ADDRESS Frostburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08952

08976 CERTIFICATE OF DEATH Reg. Dist. No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport #3
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kooken Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 215 Harrison St

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) R. (Last) Ingram

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Jan 21, 1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Cumberland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Nursing Home Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 , 1954, to 10-26 , 1954 that I last saw the deceased alive on 10-26 , 1954 and that death occurred at 8:00 a M, from the causes and on the date stated above.

SIGNATURE James A. Worthington Jr M.D. ADDRESS Piedmont, W. Va DATE SIGNED 10-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 28 Oct 54 NAME OF CEMETERY OR CREMATORY Green Hill Cem LOCATION (City, town, or county) (State) Luray, Virginia

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1954 REGISTRAR'S SIGNATURE Mrs Grace C. Kelly

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08937 **CERTIFICATE OF DEATH**

Reg. Dist. No. 08953 / 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 69 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) 450 Centre St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Johnson.

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 21 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House

10B. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benedict Johnson

14. MOTHER'S MAIDEN NAME: Louise Dummel

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Robert Grapes [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

221K

IMMEDIATE CAUSE (A) Intra cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1954, to 10/13, 1954, that I last saw the deceased alive on 10/13, 1954, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE Leo N. Levy Jr. M.D. ADDRESS 456 N. Centre St. DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct 16 1954

NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REGISTRAR Oct. 15, 1954

REGISTRAR'S SIGNATURE Hunter R. Drury, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland Md.

Write corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08954

08933

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Humbird Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; STREET ADDRESS (If rural give location) 120 Humbird Street

3. NAME OF DECEASED: (First) MARIETTA (Middle) (Last) KELLER (Type or Print)

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 9, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Trout

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Jacob E. Keller, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: several hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery disease — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1954 to 10/3/54, that I last saw the deceased alive on 10/3/, 1954, and that death occurred at 10 a M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 202 Virginia Avenue DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 6, 1954 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 6, 1954 — REGISTRAR'S SIGNATURE: Walter R. Bantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer, ADDRESS: Cumberland, Md.

VED

OCT 13 1954

V. S.

Outside of City Limits

08986

08955 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cecil Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cresaptown
STREET ADDRESS (If rural, give location) Cecil Ave.

3. NAME OF DECEASED: (Type or Print) (First) Fredrick (Middle) Walter (Last) Lease

4. DATE OF DEATH (Month) Oct. (Day) 25 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: Feb 26-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): near Springfield, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fredrick Lease

14. MOTHER'S MAIDEN NAME: Harriett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Gearld Clayton, Cresaptown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Hr. about 1/2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis	?
	DUE TO (c) Arteriosclerosis with hypertention.	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 25-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 27 54

NAME OF CEMETERY OR CREMATORY Pleasant Cemetery

LOCATION (City, town, or county) (State) Cresaptown Md.

DATE REC'D BY LOCAL REG. Oct. 27, 1954

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles F. Gunja

ADDRESS Cumberland, Md.

VS. A15A - 5 - 53

08987 1-8955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (In this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 East Railroad St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) 1 East Railroad St.

3. NAME OF DECEASED: (First) Harry (Middle) Earl (Last) Lease
4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	married	Nov. 20-1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Coal Miner	Mining coal	Lonaconing, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Henry Lease	Mary Jane Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	220-10-2308	(wife) Bessie E. Lease, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial failure	about 1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Miners Asthma — ?

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
-		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Oct. 18-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 20, 1954	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-20-54	Jannette M Boal	George Eichhorn	Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 018957

08977 CERTIFICATE OF DEATH Reg. Dist. No. 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: County Allegany — Maryland; City or Town (If outside corporate limits, write RURAL and give nearest town) Westernport 42; Length of Stay (in this place); Hospital or Institution or Street Address 108 Waverly St

2. USUAL RESIDENCE (HOME) OF DECEASED: State [illegible] County Allegany; City or Town (If outside corporate limits, write RURAL and give nearest town) Westernport; Street Address (If rural give location) 108 Waverly St.

3. NAME OF DECEASED: (First) Martha (Middle) Ann (Last) Leatherman

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 131862

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Miller

14. MOTHER'S MAIDEN NAME: Mary C. Bobo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs. Vic or Miller-Westernport, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19.., to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19, 1954 and that death occurred at 11 M, from the causes and on the date stated above.

SIGNATURE J. H. Wehrston Jr. M. D. ADDRESS Piedmont DATE SIGNED 9-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/20/54; NAME OF CEMETERY OR CREMATORY Old Pine Cemetery; LOCATION (City, town, or county) (State) Burlingtonville W. Va

DATE REC'D BY LOCAL REGISTRAR Oct. 22, 1954; REGISTRAR'S SIGNATURE Mrs Jim Kelly

24. FUNERAL DIRECTOR C. S. Broadwater; ADDRESS Westernport, Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118958

08939 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 347½ Bedford St.

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 347½ Bedford St.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) E. (Last) Leech

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Mar. 1, 1866

9. AGE last birthday IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS (Hours) (Min.) 88 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY. Own home

11. BIRTHPLACE (State or foreign country): Fayette Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Sackett

14. MOTHER'S MAIDEN NAME. Permelia Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mrs. W. A. Britt, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 4 years

DUE TO (C) //

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954, to [illegible], 1954, that I last saw the deceased alive on October 25, 1954, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED 10/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/29/54 — NAME OF CEMETERY OR CREMATORY Smithfield Cemetery — LOCATION (City, town, or county) Smithfield, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1954 — REGISTRAR'S SIGNATURE Walter R. Krantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

08940

08959 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 80 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 1405 Bedford St.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) (Last) Marple

4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	widow	Sept.15-1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home.	Md. Wright'sCrossing, Allegany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hopkins	Janet Atwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Memorial Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Asthenia	Gradual
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hodgkin's disease	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intertrochanteric fracture of right femur. — 76 days.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
Aug.1-1954	Fracture of right femur. Andrews Well Splint & cast applied.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.)	21c. (City or town) (County) (State)
	Memorial Hospital	Cumberland Allegany Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
July 30/54 9.45 P. M.		She fell out of bed to floor, reaching for something in bedside stand.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE	M. D.	CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐	DATE SIGNED
H.V.Deming M.D H. V. Deming M. D.			Oct.15-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct.18/54	Hillcrest Burial Park	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct.18,1954	Hunter R Hanby MD	John J. Hafer,	Cumberland, Maryland

Nelson

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U8960

08941

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,

STREET ADDRESS (If rural give location) 420 Walnut Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Mary Agnes Mathews	10-21-54 19	F	W	Widowed	Dec. 14 1870	83 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife.	Own Home	Maryland	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Martz	Catherine Ennis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Catherine E. Mathews 420 Walnut St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Myocardial Infarct	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Myocardial Fibrosis	7 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 18, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. J. Trewatski, Jr. M.D.	Cumberland, Maryland	10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/54	St. Peter & Paul Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 22, 1954	Winter L. Lantz, M.D.	H. LeeSilcox	Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08961

DR. SIMONS 08942 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND rural
STREET ADDRESS (If rural give location) 14 BUCHANAN AVE., PARK HEIGHTS, Pl. # 6

3. NAME OF DECEASED: (Type or Print) (First) ORIN (Middle) Paine (Last) MAXWELL

4. DATE OF DEATH: (Month) OCTOBER (Day) 28, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: SEPTEMBER 4, 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Chemist RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: W. Va. Pulp and Paper
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH MAXWELL
14. MOTHER'S MAIDEN NAME: EMMA FADLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-9350
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia - Cerebrovascular DUE TO — INTERVAL BETWEEN ONSET AND DEATH 2 mos.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Senility DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954, to [illegible], 1954, that I last saw the deceased alive on [illegible], 1954, and that death occurred at 5:40A M, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 30, 1954
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1954
REGISTRAR'S SIGNATURE Walter L. Fantz, M.D.
24. FUNERAL DIRECTOR Charles L. George
ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08962

08988 CERTIFICATE OF DEATH Reg. Dist. No. 1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oldtown
LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oldtown, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) Thomas (Last) McAtee (Type or Print)

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH. Sept. 8, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. R.R.

10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland R.R.

11. BIRTHPLACE (State or foreign country): Oldtown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. McAtee

14. MOTHER'S MAIDEN NAME: Employee Hester Ann Neuse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 707-03-0019

17. INFORMANT & ADDRESS: Mrs. Lillian Confer, Oldtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cor Pulm C.V.D. & Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Ravages of Age

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/52, 19.., to 10/16/54 19, that I last saw the deceased alive on 10/15/54 19.., and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cumberland DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 19, 1954

NAME OF CEMETERY OR CREMATORY Oldtown Cemetery

LOCATION (City, town, or county) (State) Oldtown, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/18/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08963

08989 CERTIFICATE OF DEATH Reg. Dist. No. 4

1 PLACE OF DEATH Outside City Limits
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md. R
MARYLAND LENGTH OF STAY (In this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #5, Bowling Green

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. (Rural)
STREET ADDRESS (If rural give location) Rt. 5, Bowling Green

3. NAME OF DECEASED: (First) JOSEPH (Middle) P. (Last) MC MAHON (Type or Print)

4. DATE OF DEATH. (Month) Oct. (Day) 10 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED | 8. DATE OF BIRTH: March 21, 1887 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mgr Confectionery St. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Ocena, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Mc Mahon

14. MOTHER'S MAIDEN NAME: Mary Ann Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? | (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO 213-24-5336

17. INFORMANT & ADDRESS: Edward Mc Mahon, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio-Vascular DUE TO

(C) Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1954, to 10/9, 1954, that I last saw the deceased alive on 10/6, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE Jesse K. Ley Jr. M D. ADDRESS 456 N. Centre St. DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Oct. 13, 1954 | NAME OF CEMETERY OR CREMATORY St. Patrick's | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 12 1954 | REGISTRAR'S SIGNATURE Hunter R. Swartz, M.D. | 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md

VS. A15—11-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 08990

08964

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans
MARYLAND
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) Selma (Last) Mc Phail

4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 11 1912

9. AGE last birthday 42 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Co

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Anderson

14. MOTHER'S MAIDEN NAME Sophie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Alexander N. Mc Phail Little Orleans Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval between Onset and Death 1½ yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic fr L. Carcin Cervix 1951 — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/54 19..... to 10/13/54 ....., that I last saw the deceased alive on 10/10/54 ....., and that death occurred at 2:45 a. m., from the causes and on the date stated above.

SIGNATURE H E Tabler (Degree or title) MD ADDRESS Hancock, Md DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct. 16-54 — NAME OF CEMETERY OR CREMATORY Rustentown Methodist — LOCATION (City, town, or county) Rustentown Md (State)

DATE REC'D BY LOCAL REG. 10/18/54 — REGISTRAR'S SIGNATURE Mrs. Fay Duckworth

24. FUNERAL DIRECTOR J. F. Elam. Sons — ADDRESS Rustentown Md

OCT 1
BUREAU V. S.

Within corporate limits: OR REITER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08965

08943

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 13 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 255 WILLIAMS STREET

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) H. (Last) METZNER (3RD)

4. DATE OF DEATH: (Month) OCT. (Day) 23 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: DEC. 2, 1952

9. AGE Last birthday ... yrs. IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ANDREW H. METZNER JR.

14. MOTHER'S MAIDEN NAME: SHIRLEY MINKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Shirley Metzner Cumberland. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congenital heart disease - Large interatrial septal defect. — INTERVAL BETWEEN ONSET AND DEATH 22½ mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Pneumonia — 2 days

(C) Adrenal insufficiency — 1 month ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1954, to Oct 23, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 9:35 A M, from the causes and on the date stated above.

SIGNATURE M. D. R. A. Reiter

ADDRESS 112 Bedford St.

DATE SIGNED Oct 23 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 26, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland. Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 26, 1954

REGISTRAR'S SIGNATURE Winter L. Frantz, M. D.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

DR. WEISMAN

08966

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08944

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (In this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEDFORD
STREET ADDRESS (If rural give location) X Spring Street

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) R. (Last) MILLER

4. DATE OF DEATH: (Month) OCT. (Day) 30 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APR. 18 1901
9. AGE last birthday 53 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELLSWORTH WERTZ
14. MOTHER'S MAIDEN NAME: ANNA SPRIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Harry Miller - Bedford, Pa.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) (1) UREMIA	
ANTECEDENT CAUSE (S)	DUE TO (2) Heart Failure, right and left	5 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO (3) Hypertension Cardio-renal-vascular disease	2 months Unknown
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Anemia & Purpura	2 months

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1954, to Oct 30, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 8:48 A M, from the causes and on the date stated above.
SIGNATURE H. Weisman M. D.
ADDRESS Cumberland Md
DATE SIGNED Oct 31, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/2/54
NAME OF CEMETERY OR CREMATORY Bedford Cemetery
LOCATION (City, town, or county) (State) Bedford, Penna

DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1954
REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.
24. FUNERAL DIRECTOR H. Lee Silcox
ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

08945

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08967

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 137 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 137 N.Center St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry John Morgan	Oct. 31 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Divorced	Sept. 20, 1890	64 [illegible] yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Odd jobs	near Boonsboro, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Noah Morgan	Susan Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-10-6821	Nephew: Wm.P.Morgan, 1508 Agnes Rd., Balto.7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	about 10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Coronary sclerosis	?
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Nov. 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1954	Allegany County Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 4, 1954	Winter K. Frank M.D.	Lodwick Stein, Inc.	"

Actual Corporate Limits 05946

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 18968

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 520 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Meredith (Middle) Lloyd (Last) Mostoller

4. DATE OF DEATH (Month) Oct.31 (Day) (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 30-1904	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinest	B&O.R.Ry.	Friedens,Pa.	U.S.A.

13. FATHER'S NAME: Sylvester H.Mostoller

14. MOTHER'S MAIDEN NAME: Elizabeth Critchfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-12-2215

17. INFORMANT & ADDRESS: (wife) Margaret M.B. Mostoller, City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis with Angina syndrome	about 3 years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Oct.31-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov.3 1954	Somerset Memorial Park	Somerset, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov.1, 1954	Wesley K. Krantz, M.D.	John J. Lafer	Cumberland, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

File No. 08947

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. No. 48969

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 514 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Isabelle (Last) Murphy

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	single	May 18-1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher	Public School	Cumberland, Md.	U.S.A.

13. FATHER'S NAME: Michael Murphy

14. MOTHER'S MAIDEN NAME: Margaret Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Rev. Father Killkenney, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asthenia	Gradual
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of the pancreas.	?
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intertrochanteric fracture of right femur.	6 months.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
April 27/54	Fracture pin inserted. Andersons Well Splint and cast applied.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home	21c. (City or town) Cumberland	(County) Allegany	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 23/54 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Pushing chair across floor, body twist & fell to the floor.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Oct. 20-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 22, 1954	St. Patricks Cem	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 21, 1954	Walter R. Beantz, M.D.	William A. Light	" "

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08970

08943 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 451 Columbia Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 451 Columbia Street

3. NAME OF DECEASED: (Type or Print) (First) ORA (Middle) MAE (Last) NAVE

4. DATE OF DEATH (Month) Oct. 8 (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 11, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Centerville, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Nave

14. MOTHER'S MAIDEN NAME: Anna Tewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Russell Nave, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) C.V.D. Hypertension

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio vascular DUE TO

(C) Renal disease

INTERVAL BETWEEN ONSET AND DEATH: Over 7yrs according to my records.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-19 47 to 10-8-1954, that I last saw the deceased alive on 6-1-1954, and that death occurred at 2:20 P.M. from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 10-8-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 10, 1954 | NAME OF CEMETERY OR CREMATORY P.O.S. of A. Cemetery | LOCATION (City, town, or county) (State) Centerville, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Oct. 9, 1954 | REGISTRAR'S SIGNATURE Walter R. Krantz M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08971

CERTIFICATE OF DEATH

08949

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland

LENGTH OF STAY (in this place): 40 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 511 Greene St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 511 Greene St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(Type or Print) James Henry Payne	October 15 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	10/21/1870	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Janitor	Lutheran Church	West Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs Carrie Payne 511 Greene St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, Chronic	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cystitis, Chronic	
DUE TO		
	(c) Prostatitis, Chr. Hypertrophic	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1951, to Oct 15, 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R B Meeker M.D. 49 Greene St Cumberland Md 10/16/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/18/54	Rose Hill Cemetery	Cumberland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 17, 1954	Hunter W. Grant, M.D.	Louis Stein, Inc.	Cumberland, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08972

CERTIFICATE OF DEATH

08978 Reg. Dist. No. 9

M

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 142 Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Georgina (Last) Redmond

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Apr. 22-1898

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Philip Dorsey

14. MOTHER'S MAIDEN NAME: Elizabeth Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph Redmond, Husband 142 Mechanic St. Frostburg, Md.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Cerebral Embolism due to Chr myocardial	3 days
ANTECEDENT CAUSE (S) (B)	Hypertension - Arteriosclerosis	? ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes	

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1954, to Oct 10, 1954, that I last saw the deceased alive on Oct 9, 1954, and that death occurred at 1:18 A.M., from the causes and on the date stated above.

SIGNATURE W. M. Lane M.D. ADDRESS Frostburg Md DATE SIGNED 10-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10-12-1954 NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10-12-54 REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe 24. FUNERAL DIRECTOR Jacob Hafer ADDRESS Frostburg, Md

VS. A15 — 10 - 53

RECEIVED
OCT 14 1954
BUREAU V. S.

DR. BRINSFILED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08973

08950

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 28 QUEEN CITY PAYMENT

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) M. (Last) REED

4. DATE OF DEATH: (Month) OCTOBER (Day) 1, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT. 6. 1916

9. AGE last birthday 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former hobover

10B. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

11. BIRTHPLACE (State or foreign country): Keyser, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS REED

14. MOTHER'S MAIDEN NAME: DAISY PORTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 211-10-1330

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ~~Portal~~ Hepatitis, severe — INTERVAL BETWEEN ONSET AND DEATH: Several weeks

ANTECEDENT CAUSE (S) DUE TO (B) Marked Cirrhosis of Liver — Several years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemorrhage severe, nasal and post nasal Hydrops of gall bladder — 6 weeks.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16 ...., 1954, to 10-1 ., 1954, that I last saw the deceased alive on 10-1 ., 19 54., and that death occurred at 1:35P M, from the causes and on the date stated above.

SIGNATURE Carlton Brinsfield — ADDRESS M. D. 5 Washington St Cumberland — DATE SIGNED Oct 3, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/4/54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 4, 1954 — REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hofer — ADDRESS Cumberland, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 13 1
BUREAU V. S

Allegany corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08951

CERTIFICATE OF DEATH

1:8974

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 23 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS SYLVAN RETREAT I M

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTERNPORT

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) EDWARD (Middle) (Last) ROBERTS

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 7-11-1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER E. ROBERTS

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sylvan Rtreat Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	?
	DUE TO (c) Cerebral arteriosclerosis,	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, 6 mos

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10 19 54, to Oct. 3, 19 54 that I last saw the deceased alive on Oct. 3, 19 54, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (DEGREE OR TITLE) M.D. ADDRESS 49 Greene St. DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/6/54 | NAME OF CEMETERY OR CREMATORY Allegany County Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Oct. 5, 1954 | REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

OCT 13 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08975

08991 CERTIFICATE OF DEATH Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
STREET ADDRESS (If rural give location) Douglas Ave

3. NAME OF DECEASED: (Type or Print) (First) AMELIA (Middle) WALKER (Last) ROBERTSON

4. DATE OF DEATH: (Month) OCT, (Day) 21 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: April, 18, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Walker

14. MOTHER'S MAIDEN NAME: Jean Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Harry Dixon, Lonaconing, Md. (DAUGHTER)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — 5-10 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Oct., 1954, that I last saw the deceased alive on Oct., 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 51 Main Lonaconing DATE SIGNED 10-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct, 24 1954

NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR 10-24-54

REGISTRAR'S SIGNATURE Jeannette M. Boak

24. FUNERAL DIRECTOR ADDRESS George Eichhorn, Lonaconing, MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08976

08952 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 240 Massachusetts Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) 240 Massachusetts Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Robey

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 23, 1882

9. AGE last birthday: 72 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carman-Railroad

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bluefield Loudan, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Robey

14. MOTHER'S MAIDEN NAME: Fannie Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-8560

17. INFORMANT & ADDRESS: Mrs. Elsie Robey, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1954, to 10/12, 1954 that I last saw the deceased alive on 10/12, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE George M. Lyons M.D. ADDRESS Cumberland Md DATE SIGNED 10/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 10-14-54

NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 12, 1954

REGISTRAR'S SIGNATURE: Hunter R. Beard, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md.

OCT 2

08953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. No. 18977

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 910 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 910 Bedford St.

3. NAME OF DECEASED: (Type or Print) (First) Maza (Middle) Roberta (Last) Robinette

4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Sept.15-1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): (rural) Flintstone, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C.Robinette

14. MOTHER'S MAIDEN NAME: Eliza Hendrickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (sister)Mrs.Oliva A.Smith, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio-vascular-renal disease.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden / about 18 years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Oct.15-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 18/54

NAME OF CEMETERY OR CREMATORY Green Meadow Cemetery

LOCATION (City, town, or county) (State) Allegany Count, Maryland

DATE REC'D BY LOCAL REG. Oct.18,1954

REGISTRAR'S SIGNATURE Hunter (L) County, Md.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

Hafer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08954 CERTIFICATE OF DEATH

L8978

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-5

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 19 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON
STREET ADDRESS (If rural give location) ROUTE #2

3. NAME OF DECEASED: (First) EDWIN (Middle) F.M. (Last) ROOF

4. DATE OF DEATH: (Month) OCT. (Day) 24 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: OCT. 19, 1888

9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Protestant Minister - Church

10B. KIND OF BUSINESS OR INDUSTRY?

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWIN J. ROOF

14. MOTHER'S MAIDEN NAME: ANN KAISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Benign hypertrophy Prostate - 2 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary sclerosis

19A. DATE OF OPERATION: 10-13-54

19B. MAJOR FINDINGS OF OPERATION: Enlarged prostate

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1954 to 10-24, 1954 that I last saw the deceased alive on 10-24, 1954 and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE: Howard Edson — ADDRESS: Cumberland, Md — DATE SIGNED: 10-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/27/54

NAME OF CEMETERY OR CREMATORY: West View Cemetery

LOCATION (City, town, or county) (State): Walhalla, S.C.

DATE REC'D BY LOCAL REGISTRAR: Oct. 25, 1954

REGISTRAR'S SIGNATURE: Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc. — ADDRESS: Cumberland, Md.

08955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

18979 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place) 15 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1034 Shade's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 1034 Shade's Lane

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) M. (Last) Schiller

4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Sept. 17-1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Celanese Corp.	Somerset Co. Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Schiller	Mary Weinold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	217-10-6153	(wife) Margaret Smith Schiller, City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary occlusion	?
DUE TO		
	(c) Coronary sclerosis with Angina syndrome.	about 2 years.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.. INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Oct. 19-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 21, 1954	Trinity Lutheran Cem	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 21, 1954	Winter R. Lantz, M. D.	John J. Hafer,	"

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Within corporate limit: 08956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08980

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 36 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 616 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jud.	S.	Shaffer	Oct. 30 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widower	Sept. 15-1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Salesman (Dry Goods)	Own Business	Masontown, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Shaffer	Margaret Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Contusion & laceration of brain with	about 2
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) intercelluar edema of brain. DUE TO	days.
	(c) Fracture of the skull	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Oct 29-1954	Craniectomy, Contusion & laceration of brain.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR
✓	home	Cumberland Allegany Md.	Oct. 28-1954 A.M. 4		tooth extracted, bleeding, dizzy, fell, struck head on lawnmower.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED Oct. 30-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 1, 1954	Haug Memorial Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 1, 1954	Hunter K. Frantz, M.D.	James F. Scarfelli,	" "

VS. A15A - 5 - 53

Within corporate limits

DR W.F.WMS. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08981

08957 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 230 BEDFORD STREET

3. NAME OF DECEASED: (Type or Print) (First) H. (Middle) HALL (Last) SHARP

4. DATE OF DEATH. (Month) 10-23 (Day) (Year) 19 54

5. SEX. MALE

6. COLOR OR RACE. WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: NOV. 19, 1882

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lutheran ~~Protestant~~ Minister - Church

10B. KIND OF BUSINESS OR INDUSTRY?

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: HARRY J. SHARP

14. MOTHER'S MAIDEN NAME: KATHRYN FERNSLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Cardio Vascular DUE TO — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Renal disease DUE TO — One

(C) Uremia (Uremia) — Year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.19, 1954 to 10.23, 1954 that I last saw the deceased alive on 10.23., 1954 and that death occurred at 9:50PM, from the causes and on the date stated above.

SIGNATURE W.F. Williams M.D. ADDRESS Cumberland DATE SIGNED 10.25.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/27/54 | NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery | LOCATION (City, town, or county) (State) Enola, Penn.

DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1954 | REGISTRAR'S SIGNATURE Winter L. Frantz, M.D. | 24. FUNERAL DIRECTOR Louis Stein, Inc. | ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08982

08958 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 721 N. Mechanic St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural give location) 721 N. Mechanic St.,

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) SHINHOLT

4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb. 18, 1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Frostburg, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James E. Walsh

14. MOTHER'S MAIDEN NAME: Ellen Arnold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mr. Lewis J. Shinholt 721 N. Mechanic St., Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) DUE TO Coronary Occlusion -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic Myocarditis - Hypertension

(c) Senility

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Tongue

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1946, to Oct. 19, 1954, that I last saw the deceased alive on 19 Oct., 1954, and that death occurred at 2 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fuller B. Shinholt | ADDRESS 123 Bedford | DATE SIGNED 20 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/22/54 | NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul's Cem. | LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1954 | REGISTRAR'S SIGNATURE Walter L. Hartz, MD | 24. FUNERAL DIRECTOR Charles L. George | ADDRESS Cumberland, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT
BUREAU V. S.

Within corporate limits.

DR. W.F.WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08959

CERTIFICATE OF DEATH

Reg. Dist. No. 4 08983

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 22 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 426 FAYETTE ST.,

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) Hofer (Last) SHUPE

4. DATE OF DEATH: (Month) OCTOBER (Day) 18 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: JULY 16 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: HOFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Map Agent, Frostburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Dilatation of Heart — Instant

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis — DUE TO

(C) Cerebral Arteriosclerosis.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Dementia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 25, 1954 to 10. 18, 1954 that I last saw the deceased alive on 10. 18, 1954, and that death occurred at 11:20 A.M. from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 21 1954 | NAME OF CEMETERY OR CREMATORY Philos Cemetery | LOCATION (City, town, or county) Westernport (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1954 | REGISTRAR'S SIGNATURE Walter R. Hartz, M.D.

24. FUNERAL DIRECTOR J. B. Durst ADDRESS Frostburg Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

OCT 1954
BUREAU V. S.

Within corporate limits

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

68984

CERTIFICATE OF DEATH

08960

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 40 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RAWLINGS
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) FREDERICK (Middle) Chester (Last) SISLER JR.

4. DATE OF DEATH: (Month) OCT. (Day) 20 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: SEPT. 17, 1922

9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R. Co

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FREDERICK SISLER Chester Sr.

14. MOTHER'S MAIDEN NAME: SARAH SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Terminal Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE (S) DUE TO (B) Nephrosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X DUE TO (C) generalized arteriosclerosis — ?

Arteriosclerotic heart disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 10 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954 to Oct. 20, 1954 that I last saw the deceased alive on Oct. 19, 1954 and that death occurred at 9:05 AM, from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer M. D. ADDRESS Cumberland, Md DATE SIGNED Oct 20 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 22, 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Greenlawn Memorial Park, Keyser, West Virginia

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1954 — REGISTRAR'S SIGNATURE Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS Rogers Funeral Home Keyser, W.Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08985

08961 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Md. Cresaptown
STREET ADDRESS [redacted] (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Skelley

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: March 15 1885

9. AGE last birthday: 69 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coalminer

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] Skelley

14. MOTHER'S MAIDEN NAME: [illegible] Michael Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT & ADDRESS: Joseph Skelley, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Anemia due to Nephrosclerosis

ANTECEDENT CAUSE (B) DUE TO and Diabetic Acidosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1954, to 10/6, 1954, that I last saw the deceased alive on 10/5, 1954, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. — ADDRESS Cumberland — DATE SIGNED 10/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY St. Ambrose Cemetery — LOCATION (City, town, or county) (State) Cresaptown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 7, 1954 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR — ADDRESS [illegible]

OCT 19
BUREAU V. S.

DR. TOPPER MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08986

08962 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH.
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CORRIGANSVILLE, MD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) M. (Last) SNELSON

4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT. 16, 1914
9. AGE last birthday 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRED ROBINETTE
14. MOTHER'S MAIDEN NAME: BESSIE BROTEMARKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Albert Snelson, Corriganville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH: Approx 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1953, to Oct. 3, 1954, that I last saw the deceased alive on Oct. 3, 1954, and that death occurred at 1:40 P M, from the causes and on the date stated above.

SIGNATURE John A. Topper M. D. ADDRESS Hyndman Pa DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF October 6, 1954
NAME OF CEMETERY OR CREMATORY Zion Memorial Park
LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 5, 1954
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS Harvey H. Zeigler, Hyndman, Pa.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 13 1954

DR. MIRKIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08987

08963

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-51

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 22 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 408 NORTH CENTRE STREET

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) D. (Last) STATLER

4. DATE OF DEATH: (Month) OCT. (Day) 5 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 17, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker.

10B. KIND OF BUSINESS OR INDUSTRY: Barrett Herrick Co.

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLARENCE STATLER

14. MOTHER'S MAIDEN NAME: BESSIE MAY STOTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-07-6721

17. INFORMANT & ADDRESS: Memorial Hosp. Cumb. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis, generalized DUE TO (Primary source not known)

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: about 6 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: about Aug 1/54

19B. MAJOR FINDINGS OF OPERATION: Anaplastic metastatic carcinoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1954, to Oct 5, 1954 that I last saw the deceased alive on Oct 5, 1954, and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE A. J. Mirkin M.D. ADDRESS Cumberland DATE SIGNED 10-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF Oct 8, 1954 | NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. | LOCATION (City, town, or county) Salisbury (State) Penna.

DATE REC'D BY LOCAL REGISTRAR Oct. 2 1954 | REGISTRAR'S SIGNATURE Hunter R Swartz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

OCT 1[illegible]

[illegible] V. S.

Dr. W.F.Wms

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08964

CERTIFICATE OF DEATH

Reg. Dist. No. 08988 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND - Rural
STREET ADDRESS (If rural give location) R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) GEORGE (Last) SWEIGERT

4. DATE OF DEATH: (Month) OCT. (Day) 15, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH. AUGUST 14, 1894

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): FRANKLIN CO. PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SWEIGERT, ELMER

14. MOTHER'S MAIDEN NAME: MUMMERT, DAISY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-5324

17. INFORMANT & ADDRESS: Mrs. Elmer Sweigert, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocardial

ANTECEDENT CAUSE (B) DUE TO Degeneration

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.17, 1954, to 10.15, 1954, that I last saw the deceased alive on 10.15, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE W. F. Williams M. D. ADDRESS Cumberland DATE SIGNED 10.16.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-18-1954

NAME OF CEMETERY OR CREMATORY Davis Memorial

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18, 1954

REGISTRAR'S SIGNATURE Morton R. Grant, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md.

08965 08989

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 235 Glenn St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Tedrick
4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Feb. 18 1901
9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Restaurant cook & laborer
10b. KIND OF BUSINESS OR INDUSTRY: for City of Cumberland
11. BIRTHPLACE (State or foreign country): Cherry Run, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wheeler Tedrick
14. MOTHER'S MAIDEN NAME: Mary Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-07-1274
17. INFORMANT & ADDRESS: (father) Wheeler Tedrick, Martinsburg, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Oct. 18-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/21/54
NAME OF CEMETERY OR CREMATORY Towahawk Cemetery
LOCATION (City, town, or county) (State) Hedgesville, W. Va.

DATE REC'D BY LOCAL REG. Oct 19 1954
REGISTRAR'S SIGNATURE Hunter R. Dantz, M.D.
24. FUNERAL DIRECTOR ADDRESS H. Lee Silcox- Cumberland, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08966 (08990) Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
LENGTH OF STAY (in this place) 6 Hrs. 15mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Cumberland, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) 508 Victoria Street

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Agnes (Last) Weisenmiller

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 13, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Davidson

14. MOTHER'S MAIDEN NAME: Linnie Ash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Fred Schulenburg, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Ulcerne

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive C.V. Ulcerne

(C)

INTERVAL BETWEEN ONSET AND DEATH 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 19 52 to Oct. 18 , 19 54 ; that I last saw the deceased alive on Oct. 18 , 19 54 , and that death occurred at 6:35p M. from the causes and on the date stated above.

SIGNATURE B. M. Schuller M. D. ADDRESS 4 Maryland DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 21, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1954

REGISTRAR'S SIGNATURE Charles R. Beachy, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

08967

08391

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. ✓

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Humbird St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 46 Humbird St.

3. NAME OF DECEASED: (Type or Print) (First) Trone (Middle) Harris (Last) Whitney

4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: March 20-1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Passenger Flagman

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): North Mountain, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Whitney

14. MOTHER'S MAIDEN NAME: Phoebe Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.1

16. SOCIAL SECURITY NO.: 705-09-7601 none

17. INFORMANT & ADDRESS: (wife) Sue Snyder Whitney, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocardial failure — sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis also had — ?

DUE TO

(c) Hypertention — about 1 year.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
M. D. ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Oct. 14-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10- 16-54

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Oct. 15, 1954

REGISTRAR'S SIGNATURE Hunter A. Conf, Mail

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08992

CERTIFICATE OF DEATH

08968 Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland,
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: West Virginia COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wiley Ford
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Carl (Middle) Williams (Last)

4. DATE OF DEATH: (Month) 10- (Day) 14- (Year) 54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 26, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Railroad

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore and Ohio RR

11. BIRTHPLACE (State or foreign country): Ark.-Pine Bluff

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Reg. Army

16. SOCIAL SECURITY No.: 232-22-3275

17. INFORMANT & ADDRESS: Charles Bauman, Wiley Ford, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5-, 19 54, to 10-14-, 19 54, that I last saw the deceased alive on 10-14-, 19 54, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE James F. Scarpelli (Degree or title) ADDRESS 44 Mt. Cumberland, Md. DATE SIGNED 10-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-16-1954

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 15, 1954

REGISTRAR'S SIGNATURE Hunter R. Craig, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08993

08969 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 26 years 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 7-19-1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Mary Jane Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Emily Stewart, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (B) DUE TO Chronic Myocarditis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Chronic Nephritis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia — 2640.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Oct. 6, 1954 that I last saw the deceased alive on Oct. 4, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. M. D. ADDRESS 49 Greene St. DATE SIGNED 10-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-9-54 | NAME OF CEMETERY OR CREMATORY Eckhart Cemetery | LOCATION (City, town, or county) (State) Eckhart, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 8, 1954 | REGISTRAR'S SIGNATURE Charles K. Frantz M.D.

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

OCT 1?
BUREAU V. S

DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08994

08970

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES., 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND 02
STREET ADDRESS (If rural give location) 1012 GAY STREET

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) Mae (Last) WILLIAMS

4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: JULY 30, 1907

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemover

10B. KIND OF BUSINESS OR INDUSTRY: Domestic - Private Homes

11. BIRTHPLACE (State or foreign country): FROSTBURG, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles ~~CHARLES~~ WILLIAMS

14. MOTHER'S MAIDEN NAME: Alice ~~ALLIE~~ JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-18-1164

17. INFORMANT & ADDRESS: Alice Williams, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Oct 3, 1954, that I last saw the deceased alive on Oct 2, 1954, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE A G Weisman M.D. ADDRESS 59 Baltimore St Cumberland DATE SIGNED 10/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/5/54 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park — LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REGISTRAR Oct. 4, 1954 — REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08995

08979

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-52

2004406424

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 22; LENGTH OF STAY (in this place) 2 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital 23

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 22; STREET ADDRESS (If rural give location) Centennial St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Baby — Winner

4. DATE OF DEATH: (Month) (Day) (Year) Oct 31 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Oct 31-1954 | 9. AGE last birthday: 0 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 2, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond C. Winner | 14. MOTHER'S MAIDEN NAME: Emma C. Beeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Raymond Winner - Frostburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Patent Foramen Ovale — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31, 1954, to 10-31, 1954, that I last saw the deceased alive on 10-31, 1954, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M. D. ADDRESS Frostburg, Md. DATE SIGNED 10/31/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 31-54 | NAME OF CEMETERY OR ~~CREMATORY~~ Frostburg Memorial | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-1-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe | 24. FUNERAL DIRECTOR J. K. Durst | ADDRESS Frostburg, Md.

RECEIVED
NOV 3 1954
BUREAU V. S.